2	005 Dollar Cer	tification of	Budget Reque	est to Board of	County Comm	issioners L-2	
District or Taxing Unit's Name:					County(ies):		
Fund	Total Approved Budget*	Cash Forward Balance	Other revenue <u>NOT</u> shown in Column 5	Property Tax Replacement (Equal to line 13 of L-2 Worksheet)	Balance to be levied	Calculated Levy Rate	Maximum Levy Rate
					Col. 2 minus (Cols. 3+4+ 5)	(County Use Only)	(County Use Only)
1	2	3	4	5	6	7	8
Subtotal: (1	l non-exempt fundsdon't incl	Lude section I.C. §63-1305	l 5 judgments) Total all funds t	hat are not voter approved:			
Column Total:							
I certify that the amounthe best of my knowleds		•			-		
Signature of District Representative				Title		Date	
Please print Contact Name a	and Mailing Address						
Phone Number:	()			Fax Number:	()		
		N	et Taxable Market		n:		
Comm	4	North Constant		lerk Use Only	San Walna	Net Temphie M	aulast Malara
County		New Construction Roll Value:		Annexation value:		Net Taxable Market Value:	
	m. (1371						
	Total Value:					l	